



THE MEDICAL NEWS AND LIBRARY.

VOL. XXVII.

APRIL, 1869.

No. 316.

CONTENTS.

CLINICS.

CLINICAL LECTURE.

Clinical Lecture on the Treatment of Fractures of the Leg 49

HOSPITAL NOTES AND GLEANINGS.

Treatment of Acute Rheumatism in the Principal British Hospitals 54

MEDICAL NEWS.

Domestic Intelligence.—American Medical Association 57

Graduates in Medicine in 1869 58

Acupuncture at the New York Hospital 58

Medical Faculty of the University of Maryland 58

Medical Instruction in Philadelphia during the Summer 58

Gynaecological Society of Boston 60

Foreign Intelligence.—Deaths from Chloroform 60
Results of Disease of both Hip-Joints; Successful Operation 61
Relation between Rheumatism and Gonorrhea 61
Tracheotomy in Syphilitic Lesions of the Air-passages 61
Thoracentesis 62
Ergotine after Amputation 62
To Remove the Bitterness of the Sulphate of Magnesia 62
Treatment of Cataract by Phosphorus 62
Sir James Murray's Fluid Magnesia 62
Characters of Good Meat 63
Hydrogenium 63
Dr. Brown-Séquard 63
Female Physicians 63
Obituary Record 63

SMITH ON WASTING DISEASES OF CHILDREN.

16 PAGES.

CLINICS.

CLINICAL LECTURE.

Clinical Lecture on the Treatment of Fractures of the Leg. By JAMES PAGER, F.R.S., Surgeon to St. Bartholomew's Hospital.

I wish to speak to you this morning, gentlemen, about what we may well call our Christmas fractures. The daily moralists have given their lessons upon them; and I will see if I can teach mine—chiefly on the manner of managing the fracture of a leg.

On Boxing day and night there were brought into the hospital eleven cases of fracture of the leg, of which eight were fractures of the tibia and fibula, and three were fractures of the fibula alone. Besides these, there was admitted one case of fracture of the upper part of the humerus, close to the joint, which was so nearly a com-

pound fracture that it was unsafe to let the patient pass out of the hospital. I need not say that, besides these, a great many cases of other injuries were treated in the surgery without being admitted. During the week, also, independent of the Christmas work, there were admitted two cases of fracture of the tibia and fibula, and two of fracture of the femur. You have thus had a considerable store of fractures from which to study the common manner of treating them which we adopt here. That treatment is perhaps not the best possible; but I venture to say that it is an exceedingly good one, and yields sufficiently good results to enable me to state that with it you will very rarely see a limb sent out of the hospital crippled, or useless, or indeed in any material degree permanently damaged by the fracture.

I have brought in here the model of a

Published monthly by HENRY C. LEA, No. 706 & 708 Sansom Street, Philadelphia, for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

In no case is this periodical sent unless the subscription is paid in advance.

VOL. XXVII.—4

leg put up after the fashion which is commonly adopted in my wards in the hospital—a fashion, I believe, in all essential respects the same as that usually adopted by my colleagues.

All these fractures that I have mentioned were put up at once. That is the custom which we adopt here. I think that, as you watch fractures, you will find that there are very few instances indeed in which you need depart from this rule—very few in which the damage done is such as to make it at all advisable to leave the fracture for a time, imperfectly at rest, on a pillow for any supposed righting of the fragments, diminution of swelling, or other supposed change for the better. I do not say that there are no such cases; each case is to be judged upon its own special grounds; but you may always begin the treatment of a fracture with a strong prejudice in favour of putting it up at once.

With regard to the manner of putting up a fracture, you will always have your choice of what is called the immovable apparatus, with gutta percha, and starched bandage, or gum and chalk, or what I more commonly use, plaster of Paris. There is no question of the considerable advantage of these in the commonest and simplest forms of fracture of the lower or upper extremity; yet I think that this apparatus should be used among out-patients only when you can be sure that the patient possesses sobriety and intelligence enough, and home comfort enough, to be able to manage his apparatus in some measure for himself. And the security of putting up fractures with splints and suspending them, as we do here, is so much greater, that if we have to admit the patients into the hospital, and to keep them here, we always adopt this plan first, except in the very simplest form of fracture of the leg. It is of this manner that I am now going to speak to you—the manner in which, in my wards, we put up fractures of the leg whether of tibia and fibula, or of either bone alone.

Here is the apparatus, the principal thing about which I take to be this back splint. As you look at that and compare it with the back splints commonly made, you will see first that it is narrower than they are; so that for a man of full size the splint is not usually, at its widest, more than three and a half inches wide. It is narrowest about the ankle, where it is two and a half

inches wide, and beyond which there is a large opening in it for the heel. Moreover you see the splint is nearly flat transversely; it is not hollowed out, as it is supposed it should be, to fit the back of the limb. Then it is very little curved; so little curved that you will say that it could not fit the leg of a very robust man. The calf, you would say, could never rest on that. But you must remember that you want a splint that is to fit the leg, not only at the time of admission, but also, and much more, the leg as it will be some ten days or a fortnight afterwards, when the leg has begun to waste, when the calf has fallen flat—gone to nothing. On a very curved splint, one that fitted the leg in the first instance, there will be no comfort after the lapse of a week, when the leg begins to waste. This splint is perfectly simple in its structure, a long and nearly flat piece of iron, bent at a right angle for the foot, and having two short transverse bars projected from its sides and looped to receive the slings. I would have you observe the direction of the foot-piece, which is simply turned up from the back piece of the splint, and turned to very nearly a right angle with the line of the back part, quite straight, narrow, and perfectly simple. On that arrangement of the foot-piece depends mainly the arrangement of the limb.

Besides this there are these two flat, wooden side-splints, duly padded like the back-splint, and with care taken that they should be sufficiently long for the ends to project a little beyond the foot piece of the back-splint, and to reach to some three or four inches above the patella. They should, moreover, always be broad enough to enable the straps that are put around them completely to encompass them without touching the leg. It is important for the comfort of the patient that no strap should come in contact with the front of his leg; and, after all, however one may regard anatomical considerations in putting up a fracture, the one most essential idea is that of comfort. If the patient is so disquieted by any of his apparatus that he cannot lie well or sleep well, the good progress of the fracture is a thing hardly possible; and great disquietude is produced by straps, bandages, or cutting edges of any kind which come in contact with any part of the skin.

The rest of the apparatus consists simply of pads stuffed with tow, one for each

splint; and of the means, which I will presently speak of, for securing the foot to the foot-piece, and the knee to the back-splint; and then, besides, the simple cradle that we have, with the double bar on the top for suspension by the loops of the transverse bars fixed to the back-splint. There is also a prolonged piece of iron from the distal end of the cradle to secure that the bed-clothes shall in no case touch the foot-piece or any part of the apparatus, or the patient's leg.

Then observe how the patient's leg is set upon this back-splint. I do not speak of the manner of reducing the fracture; that must depend on the considerations that I spoke of the other day. The limb having been put into a right position, it is simply laid on the back-splint, with no additional pad beyond that which is fastened to the splint itself, unless in some cases where there is a great hollow above the os calcis, and then it is very useful to have a pad under the tendo Achillis—an additional pad to that with which the splint itself is covered. But the chief thing is the fixing the foot to the foot-piece.

You will observe, if you examine fractures of the leg that have united badly, that there is not one way, but several, in which the leg may be spoiled. First of all there is shortening. That comes, generally speaking, either from the fracture being so oblique that it is hardly possible to prevent one portion of the bone from sliding on the other, or from insufficient extension having been used at the time of setting. But there are other distortions which are really worse than shortening, for shortening can be corrected by adding something to the sole of the boot or shoe. A worse distortion than this is when the foot is rotated outwards, so that when the man gets up from what is supposed to be the cure of the fracture, he walks with the toe of the fractured limb not directed forwards like the other, but rotated outwards, a position in which firmness of support is hardly possible. And there is a worse thing than that. It is when the patient rises from the fracture with the sole of the foot either inverted or everted, so that from that time he has to walk, not fairly on the flat of his foot, but on the outer or inner margin of it. It is from want of care in reference to that distortion that fractures of the fibula are sometimes followed by one of the greatest

miseries that can result from fracture of the lower extremity; for when a patient is consigned for life to walk on the inner or outer margin of his foot, he loses I know not how large a proportion of the proper strength of his limb, and nearly all the comfort of his walking. He is in the position of a person who has been congenitally deformed, so as to walk on an inverted or everted foot. He is as ill off as those with varus or valgus; nay, he is in a worse condition than they are, because his case, depending as it does upon distortion of the bones, and not of the joints, scarcely admits of repair. No apparatus can put a patient into comfort who rises from a fractured fibula or fractured tibia and fibula with this defect.

Take, therefore, the foot-piece of the splint as the guide for the position of the foot; and if you do but see, in the management of fractures of the leg, that the foot of the patient and the foot-piece of the back splint fairly correspond, it is hardly possible for the limb to fall into any of these defective methods of repair. That correspondence between the axis of the foot and of the foot-piece insures that there shall be no rotation or version either outwards or inwards. Then, again, you should be careful that the foot touches the foot-piece by the three balls of the sole—the ball of the heel, the ball of the great toe, and the ball of the little toe. If the foot is set against the foot-piece so that these three chief points, upon which in standing or walking it rests, are in exact contact with the foot piece, or nearly and evenly approximated to it, when the patient rises with the fracture healed they must hold the same position, and he be ready at once to bear his weight upon these three points. For the rest, this upper curved part of the splint must come in contact with the popliteal space, and you will observe that this upper part is very little curved, so that the limb is very little bent at the knee-joint. That is a most important thing to attend to, for if there be too abrupt an angle at the popliteal space, there is almost sure to be more or less pressure on the popliteal vein, and then consequent oedema of the leg, and the troubles that ensue from that.

When the limb is thus laid upon the back-splint, and the foot accurately adjusted to the foot-piece, it is secured in its position by the apparatus that you see here, formed of gutta-percha, with layers of flannel or of

old blanket put underneath it. These were adapted by Mr. Vernon at my request when he was my house surgeon, to correct what I am sure is a source of considerable trouble in the management of fractures of the leg—the pressure consequent upon bandages encircling the limb and constricting it. They produce œdema of the whole limb, above and below the seat of fracture, and that œdema is often fraught with very evil consequences. Look carefully, therefore, to this—that there are no bandages constricting the broken limb. You will see that we never apply a bandage next to the limb, and within the splints. That is a custom of treating fractures which is sometimes adopted, but in which, when splints are used with proper pads, I can see nothing but evil. It serves no purpose to the limb itself by its compression, and it sometimes does considerable mischief by compressing veins when the limb begins to swell. It also conceals the limb from your view; whereas, in every fracture that is under treatment, you should, as far as possible, see not only the seat of fracture, but all the adjacent parts of the limb, and have these at all times fairly under your inspection.

Then, even when the bandages immediately surrounding the limb are left out, it is not unfrequent to bandage the foot to the foot-piece and the lower part of the back-splint, and to bandage the knee and the adjacent parts to the upper part of the back-splint. But these bandages have, in like manner, a tendency to produce œdema, especially the bandage of the knee; for if you bandage the knee close down upon a firm back-splint, and it has to lie there week after week for five or six weeks together, the result almost certainly is that, by pressure on the popliteal and saphena veins, œdema will ensue below the constricting bandage—œdema at and about the seat of fracture.

Now observe the different sorts of œdema that are apt to ensue in fractures of the leg.

First, there is that general œdema of the leg which comes on from the mere injury; harmless and subsiding of itself when the fracture is put into a proper position. Then there is the œdema which sometimes comes from these encircling bandages—an œdema more full of mischief. Another form is that in which the foot is hung too much below the level of the knee, as it is in the old apparatus sometimes employed of the double-

inclined plane, where the knee hangs over an angle, and the foot hanging low down, is sure to become œdematous. And then there is another kind: that œdema which we have been observing of late, which seems to depend almost entirely upon irritation of the veins of the limb by hard edges of bandages, and consequent clotting of the blood in the veins. There is a woman in Lawrence ward who shows this kind of œdema. After the fracture of the leg had been repaired well in the ordinary apparatus, a Plaster-of-Paris bandage was put on, and its edge rubbed against a part of her saphena vein. Trivial as it may seem as a cause of so much distress, this is a cause which I have now seen in several cases. At the part irritated, the blood clotted, with pain and tenderness of the vein, and the clot began to gather other clots at both its ends; and so it went on till the greater part of the saphena vein was obstructed by clots, extending by means of this thrombosis, which Mr. Callender has particularly described in our Hospital Reports. One vein after another, in these cases, becomes filled with clot, till at last a firm, solid œdema of all the parts supplied by these veins ensues—an œdema which does no harm, to be sure, to the union of the already repaired fracture, but which disables the patient from the use of the limb for some eight or ten weeks after the fracture was healed.

There are, then, these four kinds of œdema which we find associated with fractures of the lower extremity; but the œdema that I wish to speak of especially is that which results from constricting bandages, whether put next to the limb, or so as to inclose the limb and hold it down to the foot-piece and the upper part of the splint.

See what mischief this œdema does. First of all, it adds very much to the sufferings of the patient by increasing the weight and tension of the limb, and consequently increasing his restlessness also. But then, if the limb is œdematous, all its nutritive powers are impaired, and I cannot doubt that sometimes the delay of the union of fractures is due to this cause. The proper circulation through the limb is retarded by pressure upon the veins, and the whole process of repair is hindered. But there is another trouble. It is this œdema which adds to the probability of the occurrence of "sore heel," as we have to call it, in the

treatment of fractures of the lower extremity. Of all the vexations interrupting the progress of a fracture, this is one of the chief, not only interrupting the progress of the fracture, but very much prolonging the time of the patient's convalescence, when, after recovery from his fracture, he gets up with a slough on his heel, or on the upper part of the os calcis. It is a thing which you should be very careful to avoid. One of the means of avoiding it is, that the back of the splint is perforated by an aperture for allowing the heel to project a little through it, so that the heel does not rest against the mere hard surface of the splint, even though guarded with a pad. But another thing is that the heel should be kept from all sources of inflammation and œdema, for it is through these chiefly that the heel has a tendency to slough. If you will watch the different progress of cases of simple and compound fractures, especially of compound fractures followed by acute inflammation of the whole limb, you will see that in the one case the heel has little, while in the other it has more, tendency to slough, even though the manner of putting up be the same. Where there is inflammation, the whole nutritive processes of all the textures of the limb are very much lowered, and that not at the seat of fracture alone, but in every part of its extent. Then the heel, or anything else that is much pressed upon, is likely to slough. So with œdema. The whole nutritive power of the limb is impaired; and the heel, firmly held down, becomes excoriated or sore, and the recovery of the patient is seriously retarded.

In this apparatus, then, you see no constricting bandage encircling the limb at any part. The foot is held to the foot-piece by a layer of gutta percha, which is placed, while soft and warm, across the whole dorsum of the foot, separated from the skin by a layer of flannel, and, coming over the edges of the foot-piece, is fastened there with tape or string. The knee is held in the same manner; a layer of gutta percha, separated from the skin by flannel, is put over it, passes beyond the edges of the side-splints, and is held in its place by two straps and buckles. Moreover, to avoid the necessity of straps or bandages around the side-splints, these are held together, not only by the gutta percha and the straps which encircle it, but also by two transverse bands, which buckle across their

lower end, and across and beyond the foot-piece. With that apparatus is fulfilled the design of having a limb held steady enough to its back-splint, without any place in which it is encircled by a bandage—without any place therefore in which any constriction is put upon its veins or other textures.

That which may seem to you as the defect of this apparatus is that there is no sufficient provision for the application of a continuous force of extension; and, for all that you see, the two fragments might here ride the one over the other, being so little held, as they may seem to be, by the layers of gutta percha. But remember how very little there is to displace the fragments of a broken limb when once it has been put fairly into place and put at rest. As I explained to you the other day, the muscular contractions, which are supposed to be the means whereby the fragments of broken bones are displaced, cease after the first three or four days; so that if an apparatus is only so adjusted that it may keep the limb during those days from all risk of muscular contraction, there is no risk of disturbance from this cause afterwards. See in the ward now, a man who was admitted some weeks ago with fractured patella. On his admission the fragments of the patella were at least an inch apart. The limb was laid simply upon its back, level with the trunk; and at first it was quite impossible to retain the fragments together, or to bring them nearly into contact. But day after day the muscles, contracted at first, gradually relaxed, and then, of themselves, and with the contraction of the adjacent textures, the two fragments of the patella came close together—to within, at the most, a quarter of an inch. There is no risk of muscular contraction displacing the fragments of a broken bone at any time after the first three or four days. At least the case would be quite extraordinary, and require very special treatment, where such an accident would occur.

Upon this apparatus, then, all these eleven fractures were put up. Those of the patients who had only fractured fibula went out in the course of the next week or ten days with plaster-of-Paris bandages. The other cases, of fracture of the tibia and fibula, are kept in the hospital, and there you may still watch them. At the end of three or four weeks all but two, who have

serious complications, will be put up with plaster-of-Paris.—*Lancet*, Feb. 27th, 1869.

HOSPITAL NOTES AND GLEANINGS.

Treatment of Acute Rheumatism in the Principal British Hospitals. (Continued from p. 42.)

St. Bartholomew's Hospital.—Dr. Farre's ordinary mode of treating acute rheumatism is the "alkaline." He usually commences with three five-grain doses of calomel, followed by haustus sennæ; and repeats this daily till the evacuations are natural. At the same time, he gives the bicarbonate or acetate of potash, in twenty or thirty-grain doses, every four or six hours, according to the severity of the attack, generally using the former, but preferring the latter when there is synovial effusion. When there is little or no perspiration, or when the heart is much excited, he adds ten or fifteen grains of potash. He not unfrequently, also, gives one grain of opium every night. For local treatment, especially of the smaller joints, he relies chiefly on the tincture or liniment of iodine, using the tincture for women and children, the liniment for the robust; one or the other of these is used in almost every case, and with nearly certain relief. When, however, there is synovial effusion, Dr. Farre uses either mustard or cantharides plaster. Mustard is always useful, especially when applied to the larger joints, as the shoulder. The appetite being always faulty, Dr. Farre gives milk diet until the tongue is clean, or cleaning. Meat given before it can be digested immediately brings back pain in the joints. He keeps the patient between blankets. As soon as the pain has gone, and the tongue is clean, he gives bitter tonics, omitting or diminishing the alkali if the urine is alkaline or neutral. If the tongue remains white after the pain has gone, he gives acids instead of alkalies with the bitter. Warm baths, he believes, are useful and refreshing when the patient can be moved without much pain. This treatment Dr. Farre has adopted, with little variation, for many years, and is very well satisfied with the result. The relief generally commences in forty-eight hours, often before. In some cases, however, the rheumatism shows a disposition to return. These, he treats, as Dr. Nevins does, with quinia and iodide of potassium, and, in

most cachectic cases, gives quinia early (as soon as the evacuations from the bowels are healthy), either with or without iodide of potassium. In the same cases, too, he gives cod-liver oil. Iron he only uses when the patients, during convalescence, are pallid. His treatment, then, consists in calomel purges, bicarbonate or acetate of potash, tincture of iodine or blisters; blankets; milk diet till the pain subsides; then bitter tonics, with smaller doses of potash, or with iodide of potassium, or with acids.

St. Thomas's Hospital.—The plan of treatment adopted by Dr. Peacock, in cases of acute rheumatism, is chiefly the alkaline and eliminative methods, giving full doses of the bicarbonate of potash, with nitrate of potash, and, not unfrequently, iodide of potassium; and, in the latter cases, usually combining the remedy with small doses of colchicum. Later, he has employed blisters freely, in such cases as admitted of their use; and, provided several joints are affected, so that four or five blisters can be applied at the same time, the beneficial effect is most striking; the local symptoms are very markedly and rapidly relieved, the constitutional disturbance is lessened, and the disease cut short; so that cardiac symptoms are prevented, or arrested, if in process of development. He has not, except in very exceptional cases, relied wholly on the local treatment; but has added it to the constitutional measures which were previously in use; and the additional benefit gained is often most striking. It is applicable especially to the more intense cases of rheumatic fever; but is also very useful in those cases which are of such common occurrence, where the disease develops itself in persons previously most reduced in health, and more particularly in persons who have previously had the disease, and often with cardiac complication. In such cases, if the disease be not rapidly arrested, the cardiac symptoms are almost sure to be aggravated; and the surest means of effecting that arrest, he believes to be the use of eliminative treatment and free blistering. Such persons, also, should not be reduced, if it can at all be avoided.

King's College Hospital.—The main points on which Dr. Johnson insists, are: that the patient should wear a large, loose, soft flannel dressing-gown, instead of a cotton shirt; this should be changed at least every other day. If the pains be severe,

he gives moderate doses of opium—half a grain or one grain, with two grains of quinia, three times a day. If the bowels be confined, a Seidlitz powder may be given every morning. He generally gives moderate doses of alkalies—one scruple or half a drachm of bicarbonate of potash, with or without citric acid, every four or six hours. He is not satisfied that large doses of alkalies prevent cardiac complications; and he believes that they increase the tendency to rapid anæmia. In subacute cases, and in all cases where the skin does not act freely, he finds that hot air-baths are very useful. In cases of cardiac complication, especially pericarditis, with pain, he applies six leeches; then linseed poultices. He abstains from blisters and counter-irritation in the early stages of pericarditis. In cases of endocarditis, in order to lessen the tendency to deposit fibrine on the inflamed valves, he gives five-grain doses of sesquicarbonate of ammonia, with the alkaline mixture.

Middlesex Hospital.—Dr. Goodfellow, from a long experience, has eventually arrived at the conclusion, that large and frequently repeated doses of alkalies, chiefly the nitrate of potash, in doses of twenty grains at a time, with smaller doses of other alkalies, are more effectual in cutting short the attack, and rendering the heart less liable to organic affection, than any other remedy. He, at the same time, applies cotton-wool to the præcordial region. If the joints be tense and painful, nitre poultices or wet compresses are applied; and, if they be less acutely affected, cotton-wool. He advocates flannel being worn to encourage perspiration. He strongly deprecates the practice of exposing the chest to the extent usually done, and percussing the præcordial region more than is absolutely necessary, as he believes that pericarditis may follow such a course, or, at least, existing attacks may be increased in severity.

Westminster Hospital.—Dr. Fincham has employed the treatment by blisters for some time, and he is satisfied that, by this plan, the relief produced is very great, and the duration of the malady shortened. He is in the habit, however, as a rule, of combining with it alkalies in full doses; e. g., Pot. bicarb. ℥ij; pot. nitratis gr. x; liq. amm. acet. ℥ij; aquæ pur. ℥x—every four hours; with a full opiate at night if the pain be very severe. He does not, how-

ever, think it advisable to continue the alkaline treatment for any lengthened period; but to give quinia, in doses of two or three grains, every six hours, when the urgent symptoms begin to yield, especially if the sweating is over profuse. He believes that, by giving quinia earlier than is generally the custom, convalescence is less tedious, and there is less chance of relapse. As regards cardiac complications, if pericarditis supervene, and there be sharp catching pain, he applies a few leeches, followed by linseed-poultices; should the pain be slight or absent, he omits the leeches. In all cases he applies subsequently one or more blisters. As to medicine, he continues the alkalies, giving, at the same time, a grain of opium every four or six hours. Should endocarditis manifest itself, he contents himself with the alkaline treatment, as he cannot satisfy himself that local remedies have any effect.

In Dr. Basham's wards, typical cases of acute rheumatism—acute rheumatic fever—with inflammation of several joints, simultaneously or in succession—with or without cardiac complication, full, hard, bounding pulse, elevated temperature, loaded tongue, characteristic acid sweat, scanty urine loaded with urates, thirst, and general febrile prostration, are treated chiefly with salines: either the nitrate of potash, largely diluted, and given as a drink, acidulated with a little lemon-juice; or with the bicarbonate of potash and carbonate of ammonia in a state of effervescence, with lemon-juice. When great restlessness and loss of sleep, caused by the local pain and swelling, prevail, Dover's powder and nitre, in equal proportions, are given at bedtime. For the relief of the local distress in the joints, gloves for the hands, caps for the knees, and socks for the feet, made of Markwick's spongio-piline, are moistened with a hot solution of nitrate of potash and applied, and the parts thus kept in a hot saline bath day and night. Dr. Basham rarely finds that the affected joint does not recover its mobility, and is free from all but stiffness, in twenty-four or thirty hours. To render the saline plan of treatment the more efficacious, Dr. Basham recommends that the state of the alvine secretions should, in the early stage, be ascertained, and if of the characteristic hard and offensive form, one or more brisk mercurial purges should be given to facili-

tate the action of the salines. So soon as the tongue cleans, and the urine becomes abundant and clear, he gives quinia or some preparation of cinchona bark and a mineral acid, with improved diet, to promote the convalescence. Cardiac complication, if not present on admission, Dr. Basham finds, rarely manifests itself during this plan of treatment.

German Hospital.—The principal methods of treatment employed at this hospital during the last seventeen years have been the following: 1. Nitrate of potash, in doses of from two to six drachms per day; 2. Bicarbonate of soda, in doses of from two drachms to an ounce per day; 3. Acetate of potash, from two to six drachms per day; 4. Lemon-juice, from five to thirty ounces per day; 5. Quinia, from fifteen to forty grains per day; 6. Blisters above and below the affected joints; 7. Simple nursing. The greatest number of cases, however, have been treated by bicarbonate of soda. Opium and other narcotics have never been given systematically; but occasional doses, to procure rest, have not been excluded from any of the methods mentioned.

The duration of the disease, as far as Dr. Weber's notes go, has varied, from the commencement to the termination, from ten days to eleven weeks; and from admission into the hospital to the termination, from three days to eight weeks. The proportion of heart complications originating during the stay at the hospital did not exceed 10 per cent.; and in many of these it appeared so soon after admission as to cause the impression that the act of removal, and the movements connected with it, were the cause of the complication. The average duration of the disease in the cases treated with soda is slightly less than the average of all cases observed; and the same is the case with the quinia treatment, and with the blistering according to Dr. Davies' plan. In several of the cases treated by blisters, the urine became albuminous, and mixed with blood-globules; but, in less than four days after the application of the last blister, it was free from albumen; and in no instance was permanent albuminuria the consequence. Without entering into details, Dr. Weber mentions that his notes lead him to the inference that careful nursing, especially the keeping of the whole body, and of the affected

joints in particular, as much as possible at rest, is by far the most important part of the treatment in acute rheumatism; that, however, narcotic remedies are occasionally very valuable; that, further, the alkaline treatment is useful in those cases in which it reduces the excessive frequency of the pulse, and the more than usually increased temperature, in the course of a few days; but that it is of little service, if it do not effect these changes within four or five days. He is unable to say, before the trial, which are the cases suitable for the alkaline plan. The quinia treatment seemed to be beneficial in those cases in which there were considerable exacerbations and remissions, and a certain degree of anemia and pallor; and the blister treatment where the pain was accompanied by much swelling of the affected joints.

Glasgow Royal Infirmary.—The treatment in rheumatic fever, which Dr. Geirdner has usually followed, has been that by alkalies, and especially by acetate of potash, commonly aided by smaller doses of iodide of potassium, which last he began to employ systematically as part of the alkaline treatment since going to Glasgow, and much on the recommendation of Dr. Ritchie of that city, who was long in the habit of combining it with the acetate. The proportion he usually employs is one drachm of iodide to one ounce of acetate in one pint of water, with any syrupy excipient that may be preferred to give flavour and take off the bitter saline taste. Lately he has tried the blister practice of Dr. Herbert Davies, and, he thinks, with good success in some cases, certainly with manifest relief at the time. But he has not learned to trust entirely to this treatment, and has used it only along with the other. The joints are commonly wrapped in cotton wadding, whatever the treatment in other respects. In a few cases, he has used considerable doses of quinia, in a few arsenic, in very many opium, either as a principal or as an accessory remedy, and often in pretty high doses.

Queen's Hospital, Birmingham.—At this hospital the number of cases treated is very large, and many are of great severity. The following treatment is that adopted by Dr. Fleming. The patient is placed between soft blankets, and carefully protected from cold draughts. A meal is given every four hours, consisting, during the fever, of

milk and strong beef-tea alternately. The diet is cautiously improved during convalescence. One hour before each meal, this draught is administered: Potassæ bicarbonatis gr. xxx; aquæ ʒij. M. Add half an ounce of fresh lemon-juice, and take the mixture during effervescence. If there be high fever, from one to three minims of Fleming's tincture of aconite are added to each draught. If there be much pain in the muscles, in place of aconite, from five to ten minims of tincture of hemlock are added to each dose of the alkaline. If, on the other hand, the periosteum be affected, from two to six grains of the iodide of potassium are given. To relieve pain and secure sleep, Dr. Fleming orders at bedtime a full draught of morphia and Indian hemp; as a drink, potassa water or lemonade freely. If necessary, colocynth and hyoscymus pill is given to relieve the bowels. Cotton wadding is applied to the affected joints. Active and repeated counter-irritation and poultices over the heart are employed in cardiac inflammations. During convalescence, warm clothing, full diet, with quinia and iron. After considerable experience Dr. Fleming has found that this treatment has furnished very good results; and that the number of those attacked with cardiac inflammation *after* their admission into the hospital is undoubtedly small. Placing the patient between blankets materially promotes perspiration, and prevents chills. In two recent cases where this plan was followed, sudamina appeared over the entire surface. The contents of the vesicles were ascertained by Dr. Sawyer, the resident physician, to be alkaline, not acid. —Brit. Med. Journ., Jan. 9, 1869.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—This Association will hold its next annual meeting in New Orleans on Tuesday, May 4th. Several communications have been sent to us in relation to the best route for delegates going to the meeting.

Dr. John D. Jackson, of Danville, Ky., writes us "that all the railroads in Kentucky save the 'Kentucky Central,' have granted half-fare to delegates going to New Orleans in May. The roads are 'the Mobile and Ohio,' running from Columbus,

Ky., 'The Louisville, Nashville and Memphis,' and the 'Louisville, Cincinnati and Lexington roads.' The 'Louisville and Nashville and Memphis,' has, through the obliging superintendent of transportation, Mr. King, effected arrangements with the roads south, to furnish through tickets to New Orleans at half-fare. This being the case, it would probably be to the interest of a large number of the northern delegates to go by way of Louisville."

Dr. James F. Hibberd, of Richmond, Ind., states that he is "authorized by the Atlantic and Mississippi Steamship Co., of St. Louis, to say that they will carry Doctors and their ladies to attend the meeting of the Association, at the following rates, viz:—

	Each Passenger.
From St. Louis to New Orleans,	\$20 00
From Cairo " "	18 00
From Memphis " "	15 00
Returning,	
From New Orleans to Memphis,	\$15 00
" " " Cairo,	18 00
" " " St. Louis,	20 00

"The Company start a first class steamer from St. Louis every 48 hours, Sundays included, and the usual time from St. Louis to New Orleans, is about six days, and from Cairo to New Orleans, about four and a half days. Passengers can go on any of their boats at the above rates, which includes meals and state-rooms.

"The steamer which will, however, take down the great body of the Doctors wishing to travel by the river, will leave St. Louis at 5 o'clock P. M., on Wednesday, the 28th of April; Cairo on Thursday evening after the arrival of the afternoon train on the Illinois Cen. R. R.; and Memphis on Friday evening, reaching New Orleans from Monday noon to Tuesday morning.

"Parties arriving by railroad, to take this boat, at either St. Louis, Cairo, or Memphis, had better make their calculations to reach the point of embarkation, at least one train in advance of the time of the boat's departure. But, if any one should arrive at Cairo or Memphis too late for this boat, he will find one or more boats passing for New Orleans every day, at ordinary fare.

"It was deemed best to make the arrangement for a definite fare each way, so that one can go either down or up, or both,

as he may choose, by the river, and know in advance just what he will have to pay.

"To avail himself of this boat, one may apply on board, making it known that he is on his way to attend the Association, or, perhaps better, write me a line as early as convenient, stating how many ladies, if any, will accompany him.

"Good steamers also leave Louisville for New Orleans every two or three days, occupying from six to seven days in the passage down. If a considerable number of Doctors should wish to take passage from Louisville, and would make application in a body to E. T. Sturgeon, Supt. Louisville and New Orleans Packet Co., at Louisville, or the Capt. of a steamer, starting at the proper time, he would probably give them a liberal reduction from the ordinary fare, which varies from thirty to forty dollars, according to the style and accommodation of the boat.

"From Cincinnati no suitable boat can be taken through to New Orleans, but the Cincinnati and Louisville U. S. Mail Line will take one going to the Association from Cincinnati to Louisville on one of their fine boats, and from thence to New Orleans by rail, for forty dollars, and return him on the same route to Cincinnati free. Two mail boats leave Cincinnati every day at 12 M., and 6 o'clock P. M., except Sundays, one at 12 M. I am not advised as to what arrangements have been made with other railroads."

Graduates in Medicine in 1869.

Name of College.	No. of Graduates.
University of Pennsylvania . . .	130
Jefferson Med. College, Phila. . .	126
Massachusetts Med. College, Boston . . .	58
College of Phys. and Sur. N. Y. . .	98
University Med. College, N. Y. . .	82
Bellevue Hosp. Med. Col., N. Y. . .	124
Medical College of Ohio . . .	71
Miami Medical College, Cin. . .	48
Cincinnati College of Medicine . . .	28
Buffalo Medical College . . .	34
Med. Col. of State of S. Carolina . . .	14
Rush Medical College, Chicago . . .	108
University of Louisville, . . .	70
Med. Dep. Univ., Nashville . . .	17

Acupressure at the New York Hospital.

—Since the first of December acupressure has been employed at this hospital, in two

amputations at the shoulder-joint, in two of the thigh, and in one at the knee joint, with complete prevention of hemorrhage in every case. All the cases but one, which died of pyæmia, either have recovered or are in a fair way to do so.

Medical Faculty of the University of Maryland.—Dr. J. J. Chisholm writes us that the following changes have been made in this faculty:—

"Prof. N. R. Smith transferred from the chair of General Surgery to that of Clinical Surgery. Prof. C. Johnson transferred from the chair of Anatomy to that of Principles and Practice of Surgery.

"Prof. F. T. Miles elected to the chair of Anatomy.

"The chair of Military Surgery abolished, and in its stead a chair created of Operative Surgery and Clinical Professorship of Ophthalmic and Aural Surgery, to which Prof. J. J. Chisholm was transferred.

"To the chair of Physiology and Hygiene was added Clinical Professorship of Throat, Lungs, and Heart Diseases under Prof. F. Donaldson.

"A chair of Venereal Pathology has been established, to which Dr. Allan P. Smith was elected."

Medical Instruction in Philadelphia during the Summer.—As usual there will be abundant facilities afforded for pursuing medical studies in Philadelphia during the summer. In addition to the opportunities for clinical instruction afforded by the Pennsylvania Hospital, the Philadelphia Hospital (Blockley), the Episcopal Hospital, the Children's Hospital, St. Joseph's Hospital, the Wills Hospital for the Blind and Lame, &c., the usual courses of lectures will be given in the University of Pennsylvania by the Auxiliary Faculty of Medicine, which will be free to all students who have matriculated in the Medical Department, and taken the tickets of two of the Medical Faculty.

The following constitute the Faculty: Harrison Allen, M. D., Prof. Zoology and Comparative Anatomy; Horatio C. Wood, M. D., Prof. of Botany; F. V. Hayden, M. D., Prof. of Mineralogy and Geology; Henry Hartshorne, M. D., Prof. of Hygiene; John J. Reese, M. D., Prof. of Med. Jurisp. including Toxicology.

In addition to these a number of private

schools will be open, among which we have received the announcements of the following:—

1st. *Philadelphia Summer School of Medicine*.—Conducted by Robert Bolling, M.D., James H. Hutchinson, M.D., and H. Lenox Hodge, M.D. The fifth session of which will begin March 1, 1869, and will continue until October.

Clinical Instruction, Dissection, and Operative Surgery from the first of March to the first of October.

Lectures and Examinations daily during April, May, June, and September.

Operative and Minor Surgery, and Regional Anatomy.—Lectures and Demonstrations, by H. Lenox Hodge, M.D.

Percussion and Auscultation in Diseases of the Lungs and Heart.—Lectures and Clinical Examination of patients, by James H. Hutchinson, M.D.

Diseases of the Eye.—Lectures upon the Anatomy, Physiology, and Diseases of the Eye, by George C. Harlan, M.D.

Urinary Deposits and Tests.—Students will be instructed in the microscopical and chemical examination of the urine, and will be enabled to make themselves familiar with the necessary manipulations, by James H. Hutchinson, M.D.

Dissections and Surgical Operations may be practised by the members of the class to the best advantage, at the Anatomical and Surgical House, College Avenue (Chant St.)

Candidates for admission to the army and navy, and those desiring promotion to a higher grade, may obtain private instruction.

Every arrangement has been made to aid students and others in practising dissection, surgical operations, bandaging, and dressing of fractures.

The Society of the Medical Institute meets once every month.

2d. *Jayne Street Medical Institute*.—Drs. George Pepper, William Pepper, Harrison Allen, Edward Rhoads, and James Tyson, will begin their regular summer course of Medical Instruction on April 1st.

Special instructions will be given by Dr. Rhoads in auscultation and percussion, with reference to diseases of the thoracic viscera, and in the microscopical and chemical examination of the urine.

Pathological Anatomy; Descriptive and Microscopical.—Dr. Wm. Pepper will deliver a course of lectures upon this subject

at the University of Pennsylvania. The lectures will be fully illustrated with recent specimens, and preparations from the valuable collection of Dr. Wood, and the Wiatar and Horner Museum.

Diseases of Women.—Dr. George Pepper will deliver at the Lying-in Charity, a series of clinical lectures upon the diseases of women, at which the most ample opportunities will be afforded for acquiring a knowledge of the diagnosis and treatment of these affections.

Microscopy; applied to Physiology and Medicine.—Dr. James Tyson will deliver a full course of lectures upon this subject, accompanied by demonstrations of the various healthy and morbid tissues.

The examinations and lectures will be given during the months of April, May, June, and September.

Classes of limited size will be formed, who will have the opportunity of attending the daily visits of Drs. Rhoads and Pepper to the wards of the Philadelphia Hospital, and will have cases of acute and chronic disease assigned to them for study, in order that each member may gain a thorough practical knowledge of clinical medicine.

3d. *Philadelphia School of Anatomy, Chant Street, Tenth Street above Chestnut*.—Courses of lectures on practical subjects will be delivered in this institution during the summer session of 1869.

A systematic course of lectures by Dr. W. W. Keen on Descriptive, and Surgical Anatomy, will begin on Tuesday, April 13, 1869, and will continue till October 8, 1869, with a recess during July and August. The microscopical anatomy of the various tissues will be shown by the class microscope.

Dissection will be carried on under the direct and personal supervision of the Assistant Demonstrators of Anatomy.

The course on operative surgery, by Dr. W. W. Keen, will begin on April 20, 1869, and will be continued till July. Each member of the class, after suitable demonstration, will perform all the operations on the cadaver.

The course on bandaging, fractures, and fracture dressing, by Dr. J. Ewing Mears, will begin on April 20, 1869, and will continue till July.

The method of applying all of the ban-

dages will be demonstrated, and the principles of treatment of fractures will be explained in detail, after which, each student will have the opportunity of applying all the bandages and fracture dressings, under the personal supervision of Dr. Mears and his assistants.

Special arrangements may be made for private courses by candidates for the army or the navy, or by others.

4th. Lectures on Obstetrics.—Dr. F. H. Getchell will deliver a course of lectures on practical obstetrics and diseases of females at the Catharine Street Dispensary, between Seventh and Eighth, commencing on Thursday, April 8, 1869, at 3 o'clock P. M.

The plan of instruction will be to combine to the fullest extent clinical and didactic teaching. The members of the class will have been assigned to them the large number of obstetric patients of Catharine Street Dispensary for one year from the commencement of the lectures, being in this way brought to the bedside of the parturient woman at her residence; thus affording rare opportunities for obtaining knowledge so important to the young practitioner. Lectures, Mondays and Thursdays, from 3 to 4 P. M.

Clinics for the diseases of females will be held twice each week, and the members of the class will be present at the examination and treatment of the large number of females presenting themselves at this institution during the spring and summer months. The hour of the clinic will be so arranged as not to conflict with other clinics or lectures.

5th. Practical Instruction in Physical Diagnosis.—Dr. J. Solia Cohen will commence April 1st, 1869, in his lecture-rooms in Chant Street, a course on this subject, which will be eminently practical; on auscultation and percussion, laryngoscopy, rhinoscopy, and examinations of the ear; and comprehensive on all other branches of physical diagnosis at present resorted to in legitimate medicine. Each member of the class will, in turn, be afforded sufficient opportunity to familiarize himself with the method of examining patients, who will be presented for that purpose.

Other associations for medical instruction have doubtless been formed, but we

have not been favoured with their announcements.

Gynecological Society of Boston.—This Society was organized in the latter part of January of the present year. Its object is to advance the study and treatment of the Diseases of Women by the presentation at its meetings of pathological specimens, and of instruments or surgical apparatus, the reading of a quarterly summary of Foreign Gynecic Literature prepared by a standing committee, the presentation of written essays, and of verbal communications, and finally by devoting two-thirds of the entire income of the Society to the purchase of gynecological books and journals, "preference being given to those published in foreign languages and of most recent date, with the intent both of collecting a library of such books for reference, and of putting the members of the society, at the earliest possible time, in possession of knowledge otherwise not easily obtained by them."

The Society would seem to be one which, from its organization, is well adapted to promote the advancement of Gynecological Science and Art: Its present officers are, *President*—Winslow Lewis; *Secretary*—Horatio R. Storer; *Treasurer*—George H. Bixby.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—February 14th, a chemist of Sheffield, named Godley, died under the administration of chloroform. He was about to undergo an operation for the removal of a piece of diseased bone from the leg; and, although he seems to have felt exceedingly nervous about chloroform, it was, nevertheless, at his own request that this anæsthetic was administered.

The patient's heart and lungs were examined prior to the use of the chloroform, and the quantity employed was exceptionally small; yet, after inhaling for but three minutes, the heart ceased to beat, and the man was a corpse.—*Med. Press and Circular*, Feb. 24th, 1869.

Two deaths from chloroform occurred in the last week in January—one at the Leeds Infirmary and the other at St. Bartholomew's Hospital. In both cases the deaths were attributed to the diseased state of the heart.

Results of Disease of both Hip-joints ; Successful Operation.—At a meeting of the Imperial and Royal Academy of Medicine in Vienna on July 10th, Dr. Tuschak showed a young man, aged 19, who had had inflammation of both hip-joints at the age of 3. In consequence, the head of the left femur was dislocated under the os pubis, and the right thigh was bent to a right angle with the body, and fixed by ankylosis. The patient came last year under the care of Dr. Salzer. In spite of the long duration of the dislocation on the left side, reduction was effected without extraordinary difficulty. On the right side, it was found necessary to perform resection of the joint, which was done in October. The removal of the head of the bone was not sufficient to enable the limb to be extended; it was necessary to saw off a portion of the trochanter. The patient recovered, with a limb shortened to the extent of about a *centimètre*; and was able to walk with a stick.—Brit. Med. Journ., Oct. 10, 1868.

Relation between Rheumatism and Gonorrhœa.—It is a question, and a very interesting one, whether there exists any connection between rheumatism and gonorrhœa, or whether, in cases where both diseases coexist, the fact is not due to a mere coincidence. This question was discussed some time ago at the Société Médicale des Hôpitaux de Paris, and, as might be expected, there was much difference of opinion. The majority of French physicians are, however, disposed to admit a correlation between rheumatism and gonorrhœa. M. Fournier, of the Lock Hospital of Paris, and one of Ricord's most distinguished pupils, is a warm upholder of the doctrine alluded to, and has grounded upon it a very interesting paper, in which he endeavours to show the relation of cause and effect which exists between sciatica and gonorrhœa. I extract the following conclusions, in which the author has summed up the chief points of his researches: 1. Sciatica is seen to figure among the number of manifestations of gonorrhœal rheumatism, or rather urethral rheumatism. 2. There are cases in which sciatica has shown itself on repeated occasions during the course of several attacks of consecutive urethral rheumatism. 3. In other cases, however, of similar attacks of rheumatism, sciatica seemed to alternate with other manifesta-

tions of rheumatism of a like nature, but occupying a different situation. 4. From a symptomatological point of view, sciatica which follows upon gonorrhœa differs in certain respects from ordinary sciatica.

M. Fournier also mentions that this description of the disease is far more amenable to treatment than the other. Indeed, it may be said that the malady is easily curable. Cupping with the scarifier is the best means of obtaining a cure. It invariably produces relief on the instant, and seldom requires to be employed a second time. Some narcotic application then suffices to dispel the pain completely.

M. Fournier, in connection with this subject, calls attention to a curious lesion which sometimes occurs in gonorrhœal rheumatism, and which may be mistaken for sciatica; it is an acute *hygroma of the ischiatic bursa*, attended by great pain. The pain is necessarily seated in a situation close to the emergence of the sciatic nerve, and its manifestations simulate a case of neuralgia. Hidden beneath, the tumour escapes attention, and has doubtless often been mistaken for partial sciatica.—Lancet, Dec. 12, 1868.

Tracheotomy in Syphilitic Lesions of the Air-passages.—M. Trélat read at the last meeting of the Académie de Médecine a paper on this subject, of which the following are the conclusions: 1. Syphilitic lesions of the air-passages necessitating tracheotomy may arise at any stage of the disease, but are of most frequent occurrence during the tertiary period. Their nature, seat, and extent vary, but yet they are of most common occurrence the nearer they are to the upper orifice of the larynx. 2. The obstruction they give rise to may arise suddenly, but it is in general more gradual, and supplies an element of diagnosis. 3. An attentive study of the signs and symptoms characterizing obstruction of the larynx and of the trachea prove that it is possible to distinguish these two orders of lesions which it is of such importance to recognize with regard to prognosis and therapeutics. 4. The diagnosis is based upon the loss or preservation of the voice, on the epoch of the appearance of the dyspnœa, and on laryngoscopic examination. 5. Excellent results have followed upon tracheotomy in laryngeal obstructions, while to the present time it has only been attended by failure in

tracheal obstructions. 6. When the operation is indicated, it should be executed without delay, as death may result from the occurrence of a sudden suffocative paroxysm.

7. Although tracheotomy offers so few chances of success in contractions of the trachea, it should nevertheless be tried after a diagnosis which may have to be rendered more accurate and precise during the course of the operation. 8. The operation requires to be modified according to the nature of the lesions, and success is only to be hoped for when the obstruction can be passed and dilated by means of a suitable canula. In the contrary case failure is certain. 9. When tracheotomy is followed by a cure, the period during which the canula has to be retained varies according to the nature of the lesions. The medical treatment must be resumed as soon after the operation as possible, and carefully persisted in. The employment of M. Broca's canula (its opening limited to inspiration) enables us to exactly determine the epoch at which the canula may be removed and the wound healed without incurring any danger.—*Med. Times and Gaz.*, Dec. 19, 1868.

Thoracentesis.—The operation of thoracentesis is now universally employed as a most valuable resource in certain well-known medical cases. The operation is usually a safe one; yet it is sometimes attended by certain inconveniences which attach to the manner in which it is performed. M. Blachey, in a recent communication to the Société Médicale des Hôpitaux de Paris, points out the advantages which he has obtained by the employment of a very fine trocar, which he calls the capillary trocar. The puncture performed under such circumstances wonderfully facilitated the operation in six cases which were related to the Society. The operation is much less painful, and may be repeated if necessary. M. Blachey is confident that thoracentesis performed on such conditions, attended by the administration of chloroform, is a much better method of treatment in cases of serous effusion than the classical system of purging, blistering, and giving diuretics.—*Lancet*, Dec. 12, 1868.

Ergotine after Amputation.—At a meeting of the French Academy on the 30th of November, Mr. BONJEAN sent in a note to the effect that when ergotine has been given after operation, the mortality is thereby

much diminished. Mr. Bonjean states that at the Hospital of Saint André, in Bordeaux, the mortality after amputation, which had been three-fourths, has been reduced for the last year to one-fifth. The surgeons at the hospital give the patient immediately after the operation, and for a space of fifteen days, from 2 to 3 grammes (from 1.2 to 1.9 dwts. troy) in a draught. The chief remedial effect of this is to diminish or prevent suppuration.—*The Practitioner*, Jan. 1868.

To Remove the Bitterness of the Sulphate of Magnesia, which is the chief drawback of this useful saline aperient, it suffices, according to the *Bulletin de Thérapeutique*, to boil a little coffee in the solution of the sulphate; the flavour of the coffee masks that of the medicine. The flavour of the decoction of senna may be covered in the same way.—*Brit. Med. Journ.*, Jan. 9, 1869.

Treatment of Cataract by Phosphorus.—M. TAVIGNOT, a Parisian oculist, has lately published, in *Revue de Thérapeutique*, etc., Dec. 1868, a series of cases which would seem to show that frictions on the forehead with phosphorated oil, and instillations of the same into the eye, may contribute to the melting away of the hardened lens or capsule, and the restoration of sight, without the usual operation. Though we hesitate giving confidence to the results obtained, these cases are worthy of attention, and should be read by all those who take an interest in ophthalmology.

Sir James Murray's Fluid Magnesia.—According to an analysis which we have made of this medicine, it consists of a solution of pure bicarbonate of magnesia in water containing carbonic acid. The strength is about twelve grains of the bicarbonate of magnesia in a fluid ounce, and sulphuric and hydrochloric acid are entirely absent. Very great care is evidently bestowed on the preparation of this medicine, which is an exceedingly elegant preparation of magnesia. Sir Robert Kane analyzed this medicine many years ago; his results were essentially the same as ours. This preparation possesses over the so-called citrates of magnesia, which are largely sold, the obvious advantage that it is, while they are not, what they pretend to be. It has been shown that, as a rule, they contain but

a small proportion of magnesia, and that commonly in the shape of sulphate.—*Brit. Med. Journ.*, Jan. 2, 1868.

Characters of Good Meat.—Dr. LETHBY, who has had great special experience during several years in the city of London, describes the following as the characters of good meat. 1. It is neither of a pale pink colour nor of a deep purple tint; for the former is a sign of disease, and the latter indicates that the animal has not been slaughtered, but has died with the blood in it, or has suffered from acute fever. 2. It has a marbled appearance from the ramifications of little veins of fat among the muscles. 3. It should be firm and elastic to the touch, and should scarcely moisten the fingers—bad meat being wet, and sodden, and flabby, with the fat looking like jelly or wet parchment. 4. It should have little or no odour, and the odour should not be disagreeable; for diseased meat has a sickly cadaverous smell, and sometimes a smell of physic. This is very discoverable when the meat is chopped up and drenched with warm water. 5. It should not shrink or waste much in cooking. 6. It should not run to water or become very wet on standing for a day or so, but should, on the contrary, dry upon the surface. 7. When dried at a temperature of 212° or thereabouts, it should not lose more than from 70 to 74 per cent. of its weight, whereas bad meat will often lose as much as 80 per cent. Other properties of a more refined character will also serve for the recognition of bad meat, as that the juice of the flesh is alkaline or neutral to test-paper, instead of being distinctly acid; and the muscular fibre, when examined under the microscope, is found to be sodden and ill-defined.—*Brit. Med. Journ.*, Feb. 20th, 1869.

Hydrogenium—A New Metal.—Professor GRAHAM, Master of the Mint, has just read before the Royal Society (January 7, 1869) a very remarkable memoir "On the Relation of Hydrogen to Palladium," in which he brings forward strong evidence in favour of the metallic nature of hydrogen. The view is by no means original, but no such strong evidence in its favour has ever previously been adduced. Professor Graham gives the name *Hydrogenium* to the assumed highly volatile metal of which he regards hydrogen gas as the vapour. The chemical properties of hydrogenium differ

from those of ordinary hydrogen. The palladium alloy, which contains hydrogenium, precipitates mercury and calomel from a solution of bichloride of mercury (corrosive sublimate) without any disengagement of hydrogen—that is, hydrogenium decomposes chloride of mercury, while hydrogen does not. Moreover, hydrogenium unites with chlorine and iodine in the dark, reduces per-salts of iron and some other metals into proto-salts, and has considerable deoxidizing powers, and, in short, seems to be the active form of hydrogen, as ozone is of oxygen.—*Med. Times and Gazette*, Feb. 27, 1869.

Dr. Brown-Séguard.—We have much pleasure in mentioning that Dr. Brown-Séguard has been officially appointed Professor of Experimental and Comparative Pathology at the Paris School of Medicine. Dr. Brown-Séguard's nomination has been greeted with general satisfaction by the medical circles of France.—*Lancet*, Feb. 27th, 1869.

Female Physicians.—The objection to women practising medicine, it is stated, dates back to 1421, when a petition was presented to King Henry the Fifth, that "no woman use the practise of fisyk, under payne of long imprisonment."

OBITUARY RECORD.—Died, in London, on the 13th of February, JAMES WARDROP, Esq., F.R.S., Surgeon to George IV., in the 87th year of his age. This eminent member of our profession was well known by his "Essays on the Morbid Anatomy of the Human Eye," by his work on aneurism, and many other valuable contributions to the literature of our science.

—in London, Feb. 7th, JOSEPH HODGSON, aged 81, well-known by his valuable work on "Diseases of the Arteries and veins," which obtained the Jacksonian Prize for 1811. He was one of those surgeons who has shed great lustre on the art and science of Surgery.

—in Paris, Feb. 10th, in the 58th year of his age, Professor GRISOLLE, author of a classical monograph on Pneumonia, of a treatise on Internal Pathology, which has gone through ten editions. He was an able clinical teacher, and enjoyed a large practice, until three years since, when he suffered from a stroke of apoplexy.

FLINT'S PRACTICE.—Third Edition.—(Just Issued).

A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE.

DESIGNED FOR THE USE OF STUDENTS AND PRACTITIONERS OF MEDICINE.

By AUSTIN FLINT, M. D.,

Professor of the Principles and Practice of Medicine in Bellevue Hospital Medical College, New York.

Third Edition, thoroughly revised and improved. In one large and closely printed octavo volume of 1002 pages; cloth, \$6 00; leather, raised bands, \$7 00.

Since the appearance of the second edition, nearly two years since, the author has been laboring assiduously to render this work more worthy of the very remarkable favor with which it has been received. The present edition will, therefore, be found carefully revised throughout, and thoroughly brought up to the level of the most advanced science of the day. By a slight alteration in the typographical arrangement, the very numerous additions have been accommodated with but little enlargement in the bulk of the volume, while the very moderate price at which it is offered renders it one of the cheapest works now before the profession.

By the common consent of the English and American medical press, this work has been assigned to the highest position as a complete and compendious view of the most advanced condition of medical science.

The third edition of this most excellent book scarcely needs any commendation from us. The volume, as it stands now, is really a marvel: first of all, it is excellently printed and bound—and we encounter that luxury of America, the ready-out pages, which the Yankees are 'cute enough to insist upon—not are these by any means trifles; but the contents of the book are astonishing. Not only is it wonderful that any one man can have grasped in his mind the whole scope of medicine with that vigor which Dr. Flint shows, but the condensed yet clear way in which this is done is a perfect literary triumph. Dr. Flint is pre-eminently one of the strong men, whose right to do this kind of thing is well admitted; and we say no more than the truth when we affirm that he is very nearly the only living man that could do it with such results as the volume before us.—*The London Practitioner*, March, 1869.

This is in some respects the best text-book of medicine in our language, and it is highly appreciated on the other side of the Atlantic, inasmuch as the first edition was exhausted in a few months. The second edition was little more than a reprint, but the present has, as the author says, been thoroughly revised. Much valuable matter has been added, and by making the type smaller, the bulk of the volume is not much increased. The weak point in many American works is pathology, but Dr. Flint has taken peculiar pains on this point, greatly to the value of the book.—*London Med. Times and Gazette*, Feb. 6, 1869.

Considering the large number of valuable works in the practice of medicine, already before the profession, the marked favor with which this has been received, necessitating a third edition in the short space of two years, indicates unmistakably that it is a work of more than ordinary excellence, and must be accepted as evidence that it has largely fulfilled the object for which the author intended it. A marked feature in the work, and one which particularly adapts it for the use of students as a text-book, and certainly renders it none the less valuable to the busy practitioner as a work of reference, is brevity and simplicity. The present edition has been thoroughly revised, and much new matter incorporated, derived, as the author informs us, both from his own clinical studies, and from the latest contributions to medical literature, thus bringing it fully up with the most recent advances of the science, and greatly enhancing its practical utility; while, by a slight modification of its typographical arrangement, the additions have been accommodated

without materially increasing its bulk.—*St. Louis Med. Archives*, Feb. 1869.

If there be among our readers any who are not familiar with the treatise before us, we shall do them a service in persuading them to repair their omission forthwith. Combining to a rare degree the highest scientific attainments with the most practical common sense, and the closest habits of observation, the author has given us a volume which not only sets forth the results of the latest investigations of other laborers, but contains more original views than any other single work upon this well-worn theme within our knowledge.—*N. Y. Med. Gazette*, Feb. 27, 1869.

We do not know of a practical work so solid as Flint's. There is no superfluity of word or thought, the author being endowed with a condensing apparatus of great efficiency. To the student at school, and to the "busy practitioner" who lacks time or inclination to question the old and new masters, and who is willing to be helped towards conclusions, there is no work in our language so well adapted as the treatise of Professor Flint.—*Pacific Med. and Surg. Journal*, Jan. 1869.

Three times, now, within the brief period of two years, we have called attention to the appearance of separate editions of Dr. Flint's admirable book. The edition before us, by a change in typographical execution, has been only slightly enlarged in bulk, while it contains a very large amount of material not found in the last edition. It is a satisfaction to see a book so fully up to date. This book must be, we are inclined to believe, the text-book for students for some time to come; and if each successive edition is as carefully worked up as is the present, there is no reason why it should not long continue to hold the very front rank of books of its class. We have only to renew the commendation we have formerly made of Dr. Flint's book.—*N. Y. Med. Journal*, Dec. 1868.

The distinguished merit of Flint is brevity, directness, and simplicity. Straightforward and concise in description, avoiding theory, and both modern and mild in treatment, it is a good book for the student, because it is so short and plain; nor does this make it less valuable for the busy practitioner.—*Boston Med. and Surg. Journal*, December 10, 1868.

It may, therefore, be pronounced the most complete and reliable work yet published, and the acknowledged authority in the practice of medicine in this country.—*Chicago Pharmacist*, Dec. 1868.

HENRY C. LEA, Philadelphia.